

ADVERSARY PROCEEDING COVER SHEET (Instructions on Reverse)		ADVERSARY PROCEEDING NUMBER (Court Use Only)
<b>PLAINTIFFS</b> David Scott Milliron		<b>DEFENDANTS</b> Greer Gibson Milliron
<b>ATTORNEYS</b> (Firm Name, Address, and Telephone No.) Robert L. Flax 8 South Sheppard Street Richmond, Va. 23221-3028 804 355-8425		<b>ATTORNEYS</b> (If Known) Kimberley A. Chandler P.O. Box 17586 Richmond, Va. 23226 804 353-1849
<b>PARTY</b> (Check One Box Only) <input type="checkbox"/> Debtor <input type="checkbox"/> U.S. Trustee/Bankruptcy Admin <input checked="" type="checkbox"/> Creditor <input type="checkbox"/> Other <input type="checkbox"/> Trustee		<b>PARTY</b> (Check One Box Only) <input type="checkbox"/> Debtor <input type="checkbox"/> U.S. Trustee/Bankruptcy Admin <input type="checkbox"/> Creditor <input type="checkbox"/> Other <input type="checkbox"/> Trustee
<b>CAUSE OF ACTION</b> (WRITE A BRIEF STATEMENT OF CAUSE OF ACTION, INCLUDING ALL U.S. STATUTES INVOLVED) nondisclosure of assets, debt, income transfers to insiders 11 U.S.C. Sec 727(a)(2) and (4) and (c); 28 U.S.C. Sec. 157 (b)(2)(J)		
<b>NATURE OF SUIT</b> (Number up to five (5) boxes starting with lead cause of action as 1, first alternative cause as 2, second alternative cause as 3, etc.)		
<b>FRBP 7001(1) – Recovery of Money/Property</b> <input type="checkbox"/> 11-Recovery of money/property - §542 turnover of property <input type="checkbox"/> 12-Recovery of money/property - §547 preference <input type="checkbox"/> 13-Recovery of money/property - §548 fraudulent transfer <input type="checkbox"/> 14-Recovery of money/property - other		
<b>FRBP 7001(2) – Validity, Priority or Extent of Lien</b> <input type="checkbox"/> 21-Validity, priority or extent of lien or other interest in property		
<b>FRBP 7001(3) – Approval of Sale of Property</b> <input type="checkbox"/> 31-Approval of sale of property of estate and of a co-owner - §363(h)		
<b>FRBP 7001(4) – Objection/Revocation of Discharge</b> <input checked="" type="checkbox"/> 41-Objection / revocation of discharge - §727(c),(d),(e)		
<b>FRBP 7001(5) – Revocation of Confirmation</b> <input type="checkbox"/> 51-Revocation of confirmation		
<b>FRBP 7001(6) – Dischargeability</b> <input type="checkbox"/> 66-Dischargeability - §523(a)(1),(14),(14A) priority tax claims <input type="checkbox"/> 62-Dischargeability - §523(a)(2), false pretenses, false representation, actual fraud <input type="checkbox"/> 67-Dischargeability - §523(a)(4), fraud as fiduciary, embezzlement, larceny (continued next column)		
<b>FRBP 7001(6) – Dischargeability (continued)</b> <input type="checkbox"/> 61-Dischargeability - §523(a)(5), domestic support <input type="checkbox"/> 68-Dischargeability - §523(a)(6), willful and malicious injury <input type="checkbox"/> 63-Dischargeability - §523(a)(8), student loan <input type="checkbox"/> 64-Dischargeability - §523(a)(15), divorce or separation obligation (other than domestic support) <input type="checkbox"/> 65-Dischargeability - other		
<b>FRBP 7001(7) – Injunctive Relief</b> <input type="checkbox"/> 71-Injunctive relief – imposition of stay <input type="checkbox"/> 72-Injunctive relief – other		
<b>FRBP 7001(8) Subordination of Claim or Interest</b> <input type="checkbox"/> 81-Subordination of claim or interest		
<b>FRBP 7001(9) Declaratory Judgment</b> <input type="checkbox"/> 91-Declaratory judgment		
<b>FRBP 7001(10) Determination of Removed Action</b> <input type="checkbox"/> 01-Determination of removed claim or cause		
<b>Other</b> <input type="checkbox"/> SS-SIPA Case – 15 U.S.C. §§78aaa <i>et.seq.</i> <input type="checkbox"/> 02-Other (e.g. other actions that would have been brought in state court if unrelated to bankruptcy case)		
<input type="checkbox"/> Check if this case involves a substantive issue of state law <input type="checkbox"/> Check if a jury trial is demanded in complaint		<input type="checkbox"/> Check if this is asserted to be a class action under FRCP 23 Demand \$
Other Relief Sought deny discharge		

BANKRUPTCY CASE IN WHICH THIS ADVERSARY PROCEEDING ARISES		
NAME OF DEBTOR David Scott Milliron	BANKRUPTCY CASE NO. 09-36849-KRH	
DISTRICT IN WHICH CASE IS PENDING Eastern District Virginia	DIVISION OFFICE Richmond	NAME OF JUDGE Huennekens
RELATED ADVERSARY PROCEEDING (IF ANY)		
PLAINTIFF	DEFENDANT	ADVERSARY PROCEEDING NO.
DISTRICT IN WHICH ADVERSARY IS PENDING	DIVISION OFFICE	NAME OF JUDGE
SIGNATURE OF ATTORNEY (OR PLAINTIFF)		
DATE January 14, 2010	PRINT NAME OF ATTORNEY (OR PLAINTIFF) Robert L. Flax	

### INSTRUCTIONS

The filing of a bankruptcy case creates an "estate" under the jurisdiction of the bankruptcy court which consists of all of the property of the debtor, wherever that property is located. Because the bankruptcy estate is so extensive and the jurisdiction of the court so broad, there may be lawsuits over the property or property rights of the estate. There also may be lawsuits concerning the debtor's discharge. If such a lawsuit is filed in a bankruptcy court, it is called an adversary proceeding.

A party filing an adversary proceeding must also complete and file Form 104, the Adversary Proceeding Cover Sheet, \*unless the party files the adversary proceeding electronically through the court's Case Management/Electronic Case Filing system (CM/ECF). (CM/ECF captures the information on Form 104 as part of the filing process.) When completed, the cover sheet summarizes basic information on the adversary proceeding. The clerk of court needs the information to process the adversary proceeding and prepare required statistical reports on court activity.

The cover sheet and the information contained on it do not replace or supplement the filing and service of pleadings or other papers as required by law, the Bankruptcy Rules, or the local rules of court. The cover sheet, which is largely self-explanatory, must be completed by the plaintiff's attorney (or by the plaintiff if the plaintiff is not represented by an attorney). A separate cover sheet must be submitted to the clerk for each complaint filed.

**Plaintiffs and Defendants.** Give the names of the plaintiffs and defendants exactly as they appear on the complaint.

**Attorneys.** Give the names and addresses of the attorneys, if known.

**Party.** Check the most appropriate box in the first column for the plaintiffs and the second column for the defendants.

**Demand.** Enter the dollar amount being demanded in the complaint.

**Signature.** This cover sheet must be signed by the attorney of record in the box on the second page of the form. If the plaintiff is represented by a law firm, a member of the firm must sign. If the plaintiff is pro se, that is, not represented by an attorney, the plaintiff must sign.

\*Per LBR 7003-1, in the EDVA, a properly completed Adversary Proceeding Cover Sheet is required.

Robert L. Flax  
Robert L. Flax, P.C.  
8 South Sheppard Street  
Richmond, Va. 23221-3028  
804 355-8425  
804 355-9129 fax  
[robertflax@flaxlegal.com](mailto:robertflax@flaxlegal.com)  
VSB # 16954  
Counsel for David Scott Milliron

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF VIRGINIA  
Richmond Division

In Re Milliron, Greer Gibson, Debtor

Case No. 09-36849-KRH

Chapter 7

---

David Scott Milliron, Plaintiff

V.

Greer Gibson Milliron, Defendant

Adversary Proceeding No.

COMPLAINT TO OBJECT TO DISCHARGE

The Plaintiff, David Scott Milliron, by counsel, moves the Court to deny discharge to the Defendant, Greer Gibson Milliron, on the ground that the Defendant transferred and concealed assets with the intent to hinder, delay and defraud a creditor or an officer of the estate, has transferred, removed or concealed property of the estate, failed to list all debts, and knowingly and fraudulently made a false oath or account, and for this, writes the following:

1. This is a core proceeding pursuant to 28 U.S.C. Sec. 157 (b) (2) (J).
2. The Debtor filed chapter 7 bankruptcy on October 20, 2009. Her meeting of creditors was on November 16, 2009.
3. The Debtor transferred \$6,000 from her joint bank account with her husband, David Milliron, to one in the name of her mother on March 16, 2009. This was not listed in her statement of financial affairs.
4. The Debtor transferred \$8,100 from her joint bank account with her husband, David Milliron, to the account of her mother on May 19, 2009. This was not listed in her statement of financial affairs.
5. The Debtor made a loan from her 401K and sold stock and deposited the total of \$20,450 in her mother's account on July 20, 2009. This was not listed in her statement of financial affairs.
6. The Debtor did not list in Schedule B of her petition a security deposit that she held for a tenant of a home rented out by the Debtor and Mr. Milliron.
7. The Debtor did not list rental income. She listed \$14,000 in rental income for 2007 in her statement of financial affairs. The Milliron's still own the rental real estate and receive rents from it.
8. The debtor did not list 2009 tax refunds. She received a 2008 federal tax refund of \$9, 676.00. Her income in 2009 was about the same, plus she had rental income.
9. The Hanover Juvenile Court determined child support on November 30, 2009. The petition had been filed on August 6, 2009. The Court determined that the Debtor's monthly income was \$5,878. That is \$1,000 more than the debtor wrote in her petition. She did not list this legal proceeding in her statement of her financial affairs.

10. The Juvenile Court awarded child support of \$1,674 to the Debtor. The Court awarded arrearages of \$5,939. The hearing was pending when she filed her petition and held her meeting of creditors. The Debtor did not write that she anticipated an increase in her income. The Debtor had deducted the child care expenses in Schedule J.

11. The Debtor did not list as an asset any unearned retainer that she deposited with her child custody and support lawyer.

12. The withdrawals by the Debtor occurred while she was in litigation with David Milliron concerning their divorce. She retained her bankruptcy lawyer on August 2, 2009. She filed pleadings for custody, visitation and support on August 6, 2009. She moved out of the marital residence on August 15, 2009.

13. She admitted to the transactions listed in paragraphs 3 and 4 during a Juvenile Court proceeding on November 30, 2009.

14. She admitted in a meeting with Mr. Milliron's lawyer on September 9, 2009 that she withdrew funds from her 401K.

15. The Debtor's transfers of funds were made with the intent to defraud, hinder and delay the Chapter 7 Trustee in his administration of her bankruptcy estate and David Milliron in his efforts to determine marital assets in which he has an interest.

16. The Debtor did not list a credit card debt as a creditor in her petition.

17. The Debtor made a false oath in connection with her bankruptcy in that she knowingly did not list the above assets, income, debt and legal proceeding.

Wherefore, the Plaintiff, David Scott Milliron, by counsel, moves the Court to deny a discharge to the Debtor pursuant to 11 U.S.C. Sec 727 (a) (2) and (4).

Respectfully submitted,

DAVID SCOTT MILLIRON

By

/s/ Robert Flax

---

Robert L. Flax

Counsel for David Scott Milliron

Robert L. Flax, P.C.

8 South Sheppard Street

Richmond, Va. 23221-3028

804 355-8425

804 355-9129 fax

[robertflax@flaxlegal.com](mailto:robertflax@flaxlegal.com)

VSB # 16954

## Crown Banking

02 1010050629776 072 30 0 15 SAFEKEPT Replacement Statement 007

## Interest

Number of days this statement period	31
Annual percentage yield earned	0.05 %
Average interest balance	\$3,671.79
Interest earned this statement period	\$0.16
Interest paid this statement period	\$0.16
Interest paid this year	\$0.41

## Interest Rate Summary

Dates	Rate %	Dates	Rate %	Dates	Rate %
2/21 - 3/23	0.05				

## Checks

Number	Amount	Date	Number	Amount	Date	Number	Amount	Date
2329	842.00	3/12	88888*	6,000.00	3/17			
2476*	842.00	3/19	Total	\$7,684.00				

\*Indicates a break in check number sequence

4011027085

6252618870 5557838670  
6758029060

## Other Withdrawals and Service Fees

Date	Amount	Description	
2/23	5.00	WAY2SAVE TRANSFER TO 3000114008937	000425000100001
2/23	20.48	PURCHASE GINO'S RISTORANTE 4828571068807 GLEN ALLEN 02/21 VA 7058V231205	200902211216000
2/23	31.50	PURCHASE WAWA 696 0000 4828571068807 RICHMOND 02/20 VA 7058V206370	200902201102000
2/23	73.70	PURCHASE TARGET 0001 4828571068807 GLEN ALLEN 02/22 VA 7058V270910	200902222157000
2/23	145.56	PURCHASE COSTCO WHSE #00205 0990 02/21 GLEN ALLEN VA 70581427322	200902211355280
2/23	730.00	AUTOMATED DEBIT GMAC MORTGAGE CO. ID. 9500000000 090223 WEB MISC CKF852722497POS	420090548223021
2/24	2.00	WAY2SAVE TRANSFER TO 3000114008937	000425000100001
2/24	20.00	PURCHASE CATHY NAILS 4828571068807 GLEN ALLEN 02/22 VA 7058V240040	200902221623000
2/24	527.55	AUTOMATED DEBIT WF LOAN/LINE AUTO PAY CO. ID. SHAW990650 090224 PPD	420090551236518
2/25	2.00	WAY2SAVE TRANSFER TO 3000114008937	000425000100001
2/25	2.43	PURCHASE CAPITAL ONE-K13002 4828571068807 GLEN ALLEN 02/23 VA 7058V282352	200902230833000

Other Withdrawals and Service Fees continued on next page.

Last statement: March 16, 2009  
This statement: March 23, 2009  
Total days in statement period: 8

Page 1 of 1  
4011535186  
(0)

Direct inquiries to:  
1-888-242-0971

MARGARET B GIRAGOSIAN  
10423 CEDAR LN  
GLEN ALLEN VA 23059

First Market Bank  
2001 Maywill St, Suite 205  
Richmond VA 23230

DID YOU KNOW THAT FIRST MARKET BANK E-STATEMENTS HELP SAVE PAPER,  
TIME AND GAS? GO GREEN WITH FIRST MARKET BANK. CALL US AT  
1-888-242-0971 TO SIGN UP FOR E-STATEMENTS.

**Free Checking**

Account number	4011535186	Beginning balance	\$0.00
Average balance	\$10,000.00	Total additions	10,000.00
		Total subtractions	.00
		Ending balance	\$10,000.00

**CREDITS**

Date	Description	Additions
03-16	'Deposit	6,000.00
03-16	'Deposit	4,000.00

**DAILY BALANCES**

Date	Amount	Date	Amount	Date	Amount
03-16	10,000.00				

Thank you for banking with First Market Bank

## Crown Banking

06 1010050629776 072 30 0 15 SAFEKEPT Replacement Statement 007

## Other Withdrawals and Service Fees continued

Date	Amount	Description	
5/14	1.00	WAY2SAVE TRANSFER TO 3000114008937	000425000100001
5/14	63.77	PURCHASE UKROP'S #0435 4828571068807 GLEN ALLEN 05/12 VA 7058V217579	200905121135000
5/15	1.00	WAY2SAVE TRANSFER TO 3000114008937	000425000100001
5/15	26.30	PURCHASE TARGET 0001 05/14 4828571068807 GLEN ALLEN VA 7058V250910	200905142059000
5/18	1.32	PURCHASE CAPITAL ONE-K13002 05/14 4828571068807 GLEN ALLEN VA 7058V242352	200905141315000
5/18	7.00	WAY2SAVE TRANSFER TO 3000114008937	000425000100001
5/18	12.00	PURCHASE HAIR 4 SEASON INC 05/16 4828571068807 RICHMOND VA 7058V201613	200905161342000
5/18	16.50	PURCHASE REGAL CINEMAS SHOR 05/14 4828571068807 RICHMOND VA 7058V251513	200905141100000
5/18	18.38	PURCHASE CHIPOTLE 0883 05/16 4828571068807 GLEN ALLEN VA 7058V260300	200905161002000
5/18	19.01	PURCHASE JADE CHINESE RESTA 05/14 4828571068807 ASHLAND VA 7058V219000	200905142009000
5/18	128.78	PURCHASE WAL-MART #2795 05/15 ASHLAND VA 7058I466752	200905151039000
5/18	159.05	PURCHASE COSTCO WHSE #00205 0990 05/17 GLEN ALLEN VA 7058I387962	200905171248040
5/18	8,100.00	COUNTER WITHDRAWAL	000006453273820
5/19	6.00	WAY2SAVE TRANSFER TO 3000114008937	000425000100001
5/19	8.67	PURCHASE 7-ELEVEN 16074 05/17 4828571068807 GLEN ALLEN VA 7058V207644	200905170900000
5/19	10.04	PURCHASE 7-ELEVEN 16074 05/17 4828571068807 GLEN ALLEN VA 7058V277644	200905170900000
5/19	18.80	PURCHASE PADOW'S HAM AND DE 05/18 4828571068807 GLEN ALLEN VA 7058V220100	200905181258000
5/19	42.75	PURCHASE DEPARTMENT MOTOR V 05/18 4828571068807 RICHMOND VA 7058V247313	200905181122000
5/19	100.00	PURCHASE CNS BUBBLES #3184 1308 05/18 RICHMOND VA 7058I599232	200905181635070
5/19	136.43	AUTOMATED DEBIT ALLSTATE INS CO INS PREM CO. ID. 1360719665 090519 PPD	420091395655892
5/20	4.00	WAY2SAVE TRANSFER TO 3000114008937	000425000100001

Other Withdrawals and Service Fees continued on next page.

MARGARET B GIRAGOSIAN  
May 22, 2009

Page 4 of 5  
4011535186

Date	Description	Subtractions
05-20	'POS Purchase POS PURCHASE TERMINAL 10014305 MARSHALLS RICHMOND VA 05-20-09 3:10 PM	36.72
05-21	'POS Purchase POS PURCHASE TERMINAL 00000702 SOU ANN TAYLOR FAC T660 WILLIAMS B VA 05-21-09 3:58 PM	254.55
05-21	'POS Purchase POS PURCHASE TERMINAL 00000001 SOU THE CHILDRENS P330 WILLIAMS B VA 05-21-09 1:58 PM	108.08
05-21	'POS Purchase POS PURCHASE TERMINAL 15308002 OSHKOSH #0080 WILLIAMS B VA 05-21-09 1:37 PM	31.50
05-21	'POS Purchase POS PURCHASE TERMINAL 00781749 CNS COLUMBIA SPORT S130 WILLIAMS B VA 05-21-09 11:11 AM	22.47
05-21	'POS Purchase MERCHANT PURCHASE TERMINAL 442733 GRAND PRIX AUTO WA SH ASHLAND VA 05-19-09	11.00
05-21	'POS Purchase MERCHANT PURCHASE TERMINAL 471705 REGAL CINEMAS VIRG INIA CGLEN ALLE VA05-19-09	10.00
05-22	'POS Purchase POS PURCHASE TERMINAL 00444032 CNS NATURALIZER SH 0430 WILLIAMS B VA 05-21-09 3:25 PM	31.49
05-22	'POS Purchase MERCHANT PURCHASE TERMINAL 449398 LUCY@WILLIAMS BURG OUTLT WILLIAMS B VA05-21-09	29.38
05-22	'POS Purchase MERCHANT PURCHASE TERMINAL 442733 SONIC DRIVE IN 58 36 ASHLAND VA 05-21-09	8.27
05-22	'POS Purchase MERCHANT PURCHASE TERMINAL 424651 SBARRO 1007 WILLIAMS B VA 05-21-09	5.97

CREDITS

Date	Description	Additions
04-29	'Deposit	1,353.26
05-18	'POS Refund MERCHANT REFUND TERMINAL 444500 MARSHALLS 0719 RICHMOND VA05-15-09 12:00 AM	10.49
05-19	'Deposit	8,100.00

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
04-22	7,999.50	04-28	7,864.93	05-01	9,035.30
04-27	7,974.25	04-29	9,098.23	05-04	7,714.94

MARGARET B GIRAGOSIAN  
August 24, 2009

Page 7 of 7  
4011535186

CREDITS

Date	Description	Additions
07-31	'Deposit Adj-Credit CREDIT OF DEPOSIT 07/20/09	20,450.00

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
07-22	8,357.03	08-07	24,022.28	08-18	9,905.06
07-27	8,274.93	08-10	22,657.67	08-19	9,456.62
07-30	7,999.93	08-11	22,552.37	08-20	9,307.85
07-31	28,374.93	08-12	22,487.46	08-21	7,461.86
08-03	27,105.48	08-13	22,307.80	08-24	6,543.57
08-04	24,073.72	08-14	22,287.60		
08-06	24,067.34	08-17	9,960.25		

Thank you for banking with First Market Bank

**2. Income other than from employment or operation of business**

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$14,400.00	2007: Both Rental Real Estate

**3. Payments to creditors**

None

*Complete a. or b., as appropriate, and c.*

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
None <input checked="" type="checkbox"/> b. <i>Debtor whose debts are not primarily consumer debts:</i> List each payment or other transfer to any creditor made within <b>90 days</b> immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)			

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
None <input checked="" type="checkbox"/> c. <i>All debtors:</i> List all payments made within <b>one year</b> immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)			

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
--	-----------------	-------------	-----------------------

**4. Suits and administrative proceedings, executions, garnishments and attachments**

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
None <input checked="" type="checkbox"/> b. Describe all property that has been attached, garnished or seized under any legal or equitable process within <b>one year</b> immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)			

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
---	-----------------	--------------------------------------

**Tax and Credits**

38	Amount from line 37 (adjusted gross income) . . . . .	38	61,492.
39a	Check <input type="checkbox"/> You were born before January 2, 1944, if: <input type="checkbox"/> Spouse was born before January 2, 1944, <input type="checkbox"/> Blind. Total boxes checked ► 39a		
b	If your spouse itemizes on a separate return, or you were a dual-status alien, see instrs and ck here ► 39b		
c	Check if standard deduction includes real estate taxes or disaster loss (see instructions) ► 39c		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin) . . . . .	40	33,683.
41	Subtract line 40 from line 38 . . . . .	41	27,809.
42	If line 38 is over \$119,975, or you provided housing to a Midwestern displaced individual, see instructions. Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 6d . . . . .	42	10,500.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- . . . . .	43	17,309.
44	Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 . . . . .	44	2,198.
45	Alternative minimum tax (see instructions). Attach Form 6251 . . . . .	45	
46	Add lines 44 and 45 . . . . .	46	2,198.
47	Foreign tax credit. Attach Form 1116 if required . . . . .	47	
48	Credit for child and dependent care expenses. Attach Form 2441 . . . . .	48	
49	Credit for the elderly or the disabled. Attach Schedule R . . . . .	49	
50	Education credits. Attach Form 8863 . . . . .	50	
51	Retirement savings contributions credit. Attach Form 8880 . . . . .	51	
52	Child tax credit (see instructions). Attach Form 8901 if required . . . . .	52	1,650.
53	Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 5695 . . . . .	53	
54	Other crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> . . . . .	54	
55	Add lines 47 through 54. These are your total credits . . . . .	55	1,650.
56	Subtract line 55 from line 46. If line 55 is more than line 46, enter -0- . . . . .	56	548.

**Other Taxes**

57	Self-employment tax. Attach Schedule SE . . . . .	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 . . . . .	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required . . . . .	59	
60	Additional taxes: a <input type="checkbox"/> AEIC payments b <input type="checkbox"/> Household employment taxes. Attach Schedule H . . . . .	60	
61	Add lines 56-60. This is your total tax . . . . .	61	548.

**Payments**

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099 . . . . .	62	9,924.
63	2008 estimated tax payments and amount applied from 2007 return . . . . .	63	
64a	Earned income credit (EIC). . . . .	64a	
b	Nontaxable combat pay election . . . . . ► 64b		
65	Excess social security and tier 1 RRTA tax withheld (see instructions) . . . . .	65	
66	Additional child tax credit. Attach Form 8812 . . . . .	66	
67	Amount paid with request for extension to file (see instructions) . . . . .	67	
68	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885 . . . . .	68	
69	First-time homebuyer credit. Attach Form 5405. . . . .	69	
70	Recovery rebate credit (see worksheet) . . . . .	70	300.
71	Add lines 62 through 70. These are your total payments . . . . .	71	10,224.

**Refund**

Direct deposit? See instructions and fill in 73b, 73c, and 73d or Form 8888.

72	If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid . . . . .	72	9,676.
73a	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/>	73a	9,676.

► b Routing number . . . . . 056009482 ► c Type:  Checking  Savings

► d Account number . . . . . 2077853076

74 Amount of line 72 you want applied to your 2009 estimated tax . . . . . ► 74

**Amount You Owe**

75	Amount you owe. Subtract line 71 from line 61. For details on how to pay, see instructions . . . . .	75	
----	--	----	--

76 Estimated tax penalty (see instructions) . . . . . 76

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? . . . . .	<input type="checkbox"/> Yes. Complete the following.
Designee's name ►	Phone no. ►
Personal identification number (PIN) ►	

**Sign Here**

Joint return? See instructions.

Keep a copy for your records.

Your signature ►	Date	Your occupation	Daytime phone number
Project Manager			
Spouse's signature. If a joint return, both must sign. ►	Date	Spouse's occupation	

**Paid Preparer's Use Only**

Preparer's signature ►	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Self-Prepared			EIN
Firm's name (or yours if self-employed), address, and ZIP code ►			Phone no.

**ORDER OF SUPPORT (CIVIL)**

Commonwealth of Virginia

[ ] TEMPORARY ORDER       FINAL ORDER

HANOVER J&amp;DR - ADULT DIVISION

7515 LIBRARY DR., HANOVER, VA 23069

This Court's Case No. .... JA015559-01-00  
DCSE ID No. .... Juvenile and Domestic Relations District Court [ ] Circuit Court

STREET ADDRESS OF COURT

Petitioner: GREER GIBSON MILLIRON

[ ] Identifying information not provided for good cause shown

Residential Address:

8033 BECTON CIRCLE  
MECHANICSVILLE VA 23116

Residential Telephone No.: 804-314-6483

Mailing Address if Different:

Social Security No. (last 4 digits only): XXX-XX-8342

Driver's Lic. No. &amp; State:

Date of Birth: 08/10/1972

Employer: CAPITAL ONE

Address: 15000 CAPITAL ONEDRIVE  
RICHMOND VA

Telephone No.: 804-314-6483

Respondent: DAVID SCOTT MILLIRON

[ ] Identifying information not provided for good cause shown

Residential Address:

11291 CRUTCHFIELDSCOURT  
GLEN ALLEN VA 23059

Residential Telephone No.: 804-932-2222

Mailing Address if Different:

Social Security No. (last 4 digits only): XXX-XX-6355

Driver's Lic. No. &amp; State:

Date of Birth: 09/02/1970

Employer: US GOVERNMENT

Address:

Telephone No.: 804-932-2222

[ ] This case is DISMISSED without prejudice because the Respondent could not be located for service of process.

[ ] Upon hearing the evidence, the Court finds for the Respondent and ORDERS that the case be DISMISSED.

PRESENT:  Petitioner     Attorney/ Guardian Ad Litem for Petitioner    [ ] DCSE Representative    [ ] Attorney for DCSE Respondent     Attorney/ Guardian Ad Litem for Respondent    [ ] Guardian Ad Litem for child(ren)    [ ] Other[ ] Upon hearing the evidence, the Court finds that  this (these) dependents [ ] a parent of the Respondent in necessitous circumstances:

NAME	SOC. SEC. # (last 4 digits only)	SEX	DATE OF BIRTH	RELATIONSHIP TO RESPONDENT
CARRIGAN B MILLIRON		F	02/03/2005	CHILD
ETHAN H MILLIRON		M	07/16/2007	CHILD

is (are) entitled to support from the Respondent, and that the Respondent is chargeable with support as alleged in the petition.  
Therefore, the Court ORDERS the Respondent to pay:

\$ 1,674.00 per month CURRENT CHILD SUPPORT effective ..... for all children listed above; OR  
 \$ ..... per month CURRENT CHILD SUPPORT effective ..... divided among the above-listed  
 children as follows:

\$ ..... for .....	\$ ..... for .....
\$ ..... for .....	\$ ..... for .....

[ ] \$ ..... per month CURRENT SPOUSAL SUPPORT effective .....

[ ] \$ ..... per month COMBINED CHILD-SPOUSAL (UNITARY) SUPPORT effective .....

[ ] \$ ..... per month SUPPORT FOR A PARENT effective .....

\$ 200.00 per month PAYMENT TOWARDS ARREARAGES OF \$ 5,939.00. *SEE PAGE 7.*  
 \$ ..... per month 2.5% of respondent's monthly gross income, where applicable. *\$200.00 starts 1/1/10.*

**TOTAL \$ 1,874.00 per month payable, first payment due on the 1<sup>st</sup> day of DEC. 2009 \***, and each subsequent payment  
 is due on the 1<sup>st</sup> day of each month thereafter. Payments may be made in intervals of ..... per ..... beginning  
 on ..... PAYMENT AMOUNT INTERVAL

DATE

All support paid shall be credited to current support first and the remainder shall be credited to arrearages.

Child support shall terminate on a child's eighteenth birthday; however, support shall continue for any child who is over the age of eighteen and (i) a full-time high school student, (ii) not self-supporting and (iii) living in the home of the parent receiving child support, until the child reaches the age of nineteen or graduates from high school, whichever occurs first; and if any arrearages for child support, including interest or fees, exist at the time the youngest child emancipates, payments shall continue in the total amount due until all arrearages are paid. If the above current child support is not divided per child, the ordered amount cannot be changed except by a court.

[ ] Continuing support for *Name of Child*, a child whom the court has determined (i) is severely and permanently mentally or physically disabled, (ii) is unable to live independently and support himself and (iii) resides in the home of the parent seeking support.

**ARREARAGES:**

[ ] No arrearages exist as of .....

[x] \$ 5,939.00 child support arrearage owed by Respondent, *as of 11/30/09*.

[ ] \$ ..... spousal support arrearage owed by Respondent.

[ ] \$ ..... unitary (child/spousal) support arrearage owed by Respondent.

[ ] \$ ..... total SUPPORT arrears owed by Respondent [ ] with interest included [x] without interest included

[ ] arrears include an assessment from the effective date of this order to the first payment due date.

[ ] This total includes TANF debt or other public funds paid prior to the effective date of this order of \$ ..... for ..... months.

[ ] \$ ..... arrearage owed by Respondent for 2.5% of monthly gross income (Medicaid/FAMIS).

These arrearages are calculated as of the date of this Order including support owed for the current month. This amount does not include payments made after ..... and respondent shall be credited for any payments made thereafter. Interest shall continue to accrue on unpaid arrearages at the judgment rate unless the petitioner, in a writing submitted to the court, waives the collection of interest.

**PAYMENT:**

Payment shall be made payable to:

[ ] Petitioner at the address shown in the beginning of the Order.

The parties shall give the court at least 30 days written notice, in advance, of any proposed change of residential and, if different, mailing address and of any change of telephone number within 30 days of the change. The Respondent is required to keep the court informed of the name, address, and telephone number of his/her current employer.

[x] Treasurer of Virginia and sent to Virginia Department of Social Services, Division of Child Support Enforcement, P.O. Box 570, Richmond, Virginia 23218-0570 unless otherwise instructed by that agency or this Court and shall contain the following:

1. Check or money order made payable to the Treasurer of Virginia.
2. Print on the check or money order:

- Your name and social security number
- Petitioner's name as shown on the first page of this order
- The DCSE ID No. shown on the first page of this order. If no such number is shown, use this Court's name and case number as shown on the front page of this order until that number is sent to you; then start using the DCSE ID No.

The parties shall give to the Virginia Department of Social Services and the court, at least 30 days written notice, in advance, of any proposed change of residential and, if different, mailing address and of any change of telephone number within 30 days of the change. The Respondent is required to keep the Virginia Department of Social Services and the court informed of the name, address and telephone number of his/her current employer.

[x] The parties shall also give each other at least 30 days written notice, in advance of any change of residential and, if different, mailing address and of any change in telephone number within 30 days after the change.

**WARNING: Failure to pay in accordance with this order is a violation of this order and may be punished by a jail sentence or a fine or both. In addition, you may not receive credit for payments made contrary to the payment instructions provided in this order. Whenever income withholding is authorized, it is your responsibility to make the payment to DCSE until the income withholding becomes effective. You are responsible for keeping records of payments you make.**

**HEALTH CARE PROVISIONS:**

[ ] Respondent [x] Petitioner shall provide health care coverage for the [x] child(ren) [ ] spouse and shall deliver the document necessary for the use of such coverage by the dependents

[ ] Respondent [x] Petitioner shall provide dental care coverage for the [x] child(ren) [ ] spouse and shall deliver the document necessary for the use of such coverage by the dependents

[ ] Respondent [ ] Petitioner presently has health care coverage and is ordered to maintain it or comparable coverage.

Health Insurance Company ..... Policy name .....

Name of Policy Holder ..... Policy number .....

In the event of any change in health insurance, the responsible party is required to notify the opposing party of the change. The responsible party shall inform the Virginia Department of Social Services, if support payments are ordered to be paid through the Virginia Department of Social Services, or the opposing party, if support payments are ordered to be paid directly to the opposing party, of any changes in the availability of the health care coverage for the minor child or children.

[ ] The Court finds that "health care coverage" as defined by the statute is not available at "reasonable cost" as defined by statute, and therefore, the Court does not order either the Respondent or the Petitioner to provide health care coverage.

[ ] Respondent shall pay 2.5% of monthly gross income to the Virginia Department of Social Services as a child covered by this order is a recipient of Medicaid or Family Access to Medical Insurance Security Plan (FAMIS) and other health care coverage is not available or accessible to either parent at a reasonable cost.

[x] Any reasonable and necessary unreimbursed medical and dental expenses, in excess of \$250 for any calendar year, for each child covered by this order shall be paid in the following manner: ..... 48 ..... % Respondent ..... 52 ..... % Petitioner.

## ORDER OF SUPPORT (CIVIL)

Case No. JA015559-01-00

Respondent  Petitioner is ordered to execute the appropriate tax forms or waivers to grant the other party the right to take the income tax dependency exemption for tax years ..... for .....  
 for federal and state income tax purposes.

CHILD OR CHILDREN

The Court finds that a license, certificate, registration or other authorization to engage in a profession, business, trade, occupation, or recreational activity issued by the Commonwealth of Virginia is held by

TYPE OF LICENSE

AGENCY GRANTING LICENSE

LICENSE NUMBER

Respondent .....

Petitioner .....

Upon a delinquency of a support payment for a period of 90 days or more, or in an amount of \$5,000 or more, a petition may be filed for suspension of any license, certificate, registration or other authorization to engage in a profession, trade, business, occupation, or recreational activity issued by the Commonwealth. Virginia Code § 20-60.3.

Withholding from income is ordered payable through the Virginia Department of Social Services by  court income deduction order or  administrative order for income withholding.

Immediate withholding from income is not ordered, pursuant to a written agreement between the parties or for good cause shown.

It is further ORDERED that:

THE RESPONDENT SHALL PAY A LUMP SUM OF \$1500.00 TOWARDS ARREARS NO LATER THAN 12/4/2009, AND \$200.00 PER MONTH STARTING JANUARY 1, 2010.

This Order was determined based on  sole  shared  split custody guidelines.

A child support award of \$ ..... by application of the guidelines provided in Virginia Code § 20-108.2 would be unjust or inappropriate in this case as determined by the relevant evidence pertaining to the factors set forth in the attached supplement which is incorporated herein by reference, the ability of each party to provide child support, and the best interest of the child.

Entered in accordance with the parties' written stipulation or agreement.

The Respondent is also required to post with the Clerk a recognizance pursuant to § 20-114 of \$ ..... with/without surety .....

The Respondent shall also pay: \$ ..... reimbursement of costs to the Petitioner due .....  
 \$ ..... attorneys' fees to the Petitioner's attorney due .....

If arrearage amount equals or exceeds 3 months owed, reasonable attorneys' fees must be ordered pursuant to Virginia Code § 16.1-278.18, and may be ordered pursuant to § 20-78.2.

**NOTICE:** Support payments may be withheld as they become due from income without further amendment of this order or having to file an application for services with the Virginia Department of Social Services. Such order shall only be entered upon motion after proper notice sent by the clerk or counsel. Support payments may be withheld without further amendment of this order upon application for services with the Virginia Department of Social Services. In determining a support obligation, the support obligation as it becomes due and unpaid creates a judgment by operation of law. Failure to make payments when due means that interest will accrue according to Virginia Code § 6.1-330.54.

The Virginia Department of Social Services may initiate a review of the amount of support ordered by any court. If a change in circumstances, as defined in the State Board of Social Services' regulations, has occurred, the Department shall report its findings and a proposed modified order to the court which entered the order. Notice shall be served on both parties. Either party may request a hearing on the proposed modified order by filing a request with such court within 30 days of receipt of notice by the requesting party. Unless a hearing is requested with the time limits, no hearing shall be required and the modified order shall be effective 30 days after the notice is received and shall amend any prior court order. Virginia Code § 20-60.3.

In cases enforced by the Virginia Department of Social Services, the Department of Motor Vehicles may suspend or refuse to renew the driver's license of any person upon receipt of notice from the Virginia Department of Social Services that the person is delinquent in the payment of child support by 90 days or in an amount of \$5,000 or more, or the person has failed to comply with a subpoena, summons, or warrant relating to paternity or child support proceedings.

If the order being reviewed by the Department deviates from the guidelines, based on one or more factors set out in Virginia Code § 20-108.1, a hearing shall be scheduled with the court which entered the order.

**THIS ORDER SHALL REMAIN IN FULL FORCE AND EFFECT UNTIL AMENDED OR ANNULLED BY THIS COURT OR A COURT OF COMPETENT JURISDICTION TO WHICH AN APPEAL MAY BE TAKEN.**

DATE

JUDGE

SEEN AND AGREED AS TO NO PROVISION FOR INCOME WITHHOLDING.

PETITIONER:

RESPONDENT:

# CHILD SUPPORT GUIDELINE WORKSHEET

For sole custody support with no  
spousal support or spousal support  
calculated on a separate sheet

v.

Chancery No. \_\_\_\_\_

Worksheet of: \_\_\_\_\_

Date: 11/30/2009

## A. GROSS INCOME OF PARTIES

1. Monthly Gross Income of Each Party:
2. Spousal Support Payable Between Parties:
3. Adjustment for Support of "Other Children": \_\_\_\_\_
4. Adjustment for Self-Employment Tax: \_\_\_\_\_
5. Adjusted Gross Income for Support: **\$5,878**
6. Combined Income: **\$11,230**
7. Each Party's Percent of Combined Income: **52.3%** **47.7%**
8. Number of Children: **2** Ages: \_\_\_\_\_

Mother Father

**\$5,878** **\$5,352**

Income Shares

**52.3%** **47.7%**

Spousal Support

Payor Spouse

Husband  
 Wife

Custodian

Mother  
 Father

## B. CHILD SUPPORT

1. Schedule Amount for Basic Child Support: **\$1,640**
2. Work-related Child Care Costs: **\$1,690**
3. Medical Insurance for Child/Children: **\$182**
4. Total Child Support Need (Sum: 1+2+3+4): **\$3,512**
5. Child Support Obligation of Each Party:  
(Total Support Need x Income Share)  
**Mother** **Father**  
**\$1,838** **\$1,674**
6. Direct Payment of Medical Insurance: \_\_\_\_\_
7. Each Party's Presumptive Guideline Share: **\$1,838** **\$1,674**

From Support Table

Child Support Need

**\$3,512**

Guideline Child Support

**\$1,674**

## C. PROPOSED DEVIATIONS FROM GUIDELINE SUPPORT:

1. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**\$1,838** **\$1,674**

2. Each Party's Proposed Share:

TOTAL CHILD SUPPORT

**\$1,674**

Child Support Payable To Mother

Submitted by: \_\_\_\_\_

Counsel for: \_\_\_\_\_

In re Greer Gibson MillironCase No. 09-36849

Debtor(s)

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:  <b>Separated</b>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):  Son Daughter	AGE(S):  2 4
<b>Employment:</b>  Occupation Name of Employer How long employed Address of Employer	DEBTOR  Project Manager Capital One 9 years 15000 Capital One Drive Richmond, VA 23238	SPOUSE

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)  
2. Estimate monthly overtime

DEBTOR <u>4,974.18</u>	SPOUSE <u>N/A</u>
<u>0.00</u>	<u>N/A</u>

## 3. SUBTOTAL

<u>4,974.18</u>	<u>N/A</u>
-----------------	------------

## 4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security  
b. Insurance  
c. Union dues  
d. Other (Specify) See Detailed Income Attachment

DEBTOR <u>1,145.94</u>	SPOUSE <u>N/A</u>
<u>496.00</u>	<u>N/A</u>
<u>0.00</u>	<u>N/A</u>
<u>107.76</u>	<u>N/A</u>

## 5. SUBTOTAL OF PAYROLL DEDUCTIONS

<u>1,749.70</u>	<u>N/A</u>
-----------------	------------

## 6. TOTAL NET MONTHLY TAKE HOME PAY

<u>3,224.48</u>	<u>N/A</u>
-----------------	------------

7. Regular income from operation of business or profession or farm (Attach detailed statement)  
8. Income from real property  
9. Interest and dividends  
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above  
11. Social security or government assistance  
(Specify): \_\_\_\_\_

DEBTOR <u>0.00</u>	SPOUSE <u>N/A</u>
<u>0.00</u>	<u>N/A</u>
<u>0.00</u>	<u>N/A</u>

## 12. Pension or retirement income

<u>0.00</u>	<u>N/A</u>
-------------	------------

## 13. Other monthly income

<u>0.00</u>	<u>N/A</u>
-------------	------------

(Specify): \_\_\_\_\_

<u>0.00</u>	<u>N/A</u>
-------------	------------

## 14. SUBTOTAL OF LINES 7 THROUGH 13

<u>0.00</u>	<u>N/A</u>
-------------	------------

## 15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

<u>3,224.48</u>	<u>N/A</u>
-----------------	------------

## 16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

<u>3,224.48</u>	<u>N/A</u>
-----------------	------------

(Report also on Summary of Schedules and, if applicable, on  
Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:  
**Debtors expects that she will be entitled to child support for minor children as part of the on-going divorce proceedings.**

Debtor(s)

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**  
**Detailed Expense Attachment**

**Other Utility Expenditures:**

Trash pickup	\$	20.00
Cable/Internet	\$	100.00
Cell Phones	\$	80.00
<b>Total Other Utility Expenditures</b>	\$	<b>200.00</b>

**Other Expenditures:**

Personal Care Items & Grooming	\$	70.00
Babysitter/Daycare	\$	1,700.00
School Expenses	\$	100.00
<b>Total Other Expenditures</b>	\$	<b>1,870.00</b>

**5. Repossessions, foreclosures and returns**

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER

DATE OF REPOSSESSION,  
FORECLOSURE SALE,  
TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

**6. Assignments and receiverships**

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN

NAME AND LOCATION  
OF COURT  
CASE TITLE & NUMBER

DATE OF ORDER

DESCRIPTION AND VALUE OF PROPERTY

**7. Gifts**

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

**8. Losses**

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

**9. Payments related to debt counseling or bankruptcy**

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE  
**Chandler Pecoraro, PLC**  
P.O. Box 17586  
Richmond, VA 23226

DATE OF PAYMENT,  
NAME OF PAYOR IF OTHER THAN DEBTOR  
**8/2009**

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY  
**Ch 7 filing fee -- \$299.00**  
**Attorney's fees & costs -- \$1,301.00**

PETITION FOR SUPPORT (CIVIL)

Commonwealth of Virginia

VA. CODE 16.1-241(A)

16.1-278.15, 20-88

CASE NO.

1415559-01

DCSB ID NO.:

(to be added if DCSB is involved in case)

HANOVER COUNTY Juvenile and Domestic Relations District Court

GREER G. MILLIRON

PETITIONER

8033 BECTON CIRCLE

RESIDENTIAL ADDRESS

MECHANICSVILLE, VA 23116

MAILING ADDRESS IF DIFFERENT

Social Security No. \*\*\*\*-\*\*-8342

Driver's License No. and State

Telephone No. (H) (804) 314-6483 (W) (804) 314-6483

Date of Birth 08/10/1972

CAPITAL ONE

EMPLOYER

15000 CAPITAL ONE DRIVE

EMPLOYER'S ADDRESS

RICHMOND, VA

v. DAVID S. MILLIRON

RESPONDENT

11291 CRUTCHFIELDS, COURT

RESIDENTIAL ADDRESS

GLEN ALLEN, VA 23059

MAILING ADDRESS IF DIFFERENT

Social Security No. \*\*\*-\*\*-6355

Driver's License No. and State

Telephone No. (H) (W) (804) 932-2222

Date of Birth 09/02/1970

DELEWARE MECHANICAL

EMPLOYER

EMPLOYER'S ADDRESS

SANDSTON, VA

The petitioner's information in the above box is provided on a separate sheet because

a protective order has been issued or  the petitioner alleges that the petitioner is at risk of physical or emotional harm from the other party. The undersigned Petitioner respectfully represents to the Court:

1.  That the parties have never been married;  
 That there is a court order adjudicating the paternity of one or more of the subjects of this petition.  
If so, attach a copy of the order.  
 That the respondent and petitioner were lawfully married on 09/07/2002 in LAS VEGAS, VA  
DATE CITY/COUNTY AND STATE
2.  That the respondent and petitioner were divorced on (attach divorce decree)  
 Divorce pending in CITY/COUNTY AND STATE  
 That the respondent is at least 18 years of age and is a child of the parent named below.  
 That a child is a recipient of Medicaid or the Family Access to Medical Insurance Security Plan (FAMIS).

2.  That child custody has been adjudicated. If so, attach a copy of the order.  
 That an order concerning the support of the person(s) for whom support is sought in this petition has been entered. (Attach most recent court order.)  
 That no other case for support for the below-named person(s) has been filed in any other court.

3. That the respondent has a legal duty to provide support and maintenance for the following persons:

Name	Social Security Number	Date of Birth	Relationship to Respondent
CARRIGAN B. MILLIRON		02/03/2005	DAUGHTER
ETHAN H. MILLIRON		07/16/2007	DAUGHTER

PERSON TO BE STAMPED AND RESPONDENT

who resides at  petitioner's address

4. Division of Child Support Enforcement  is  is not involved in this case.

5. That support of the named persons who are the subject(s) of this petition is a subject of ~~the case~~ ~~over~~ ~~by~~ ~~procedures~~ determination because:

FILED  
HANOVER JUD. COURT  
TIME: 11:16

AUG - 8 2009

TESTE: K.R.